

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/586996

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1	/	/	/	/	/	51						
2	/	/	/	/			52						
3	/	/	/	/			53						
4	/	/	/	/			54						
5	/		/				55						
6		2		1			56						
7		8		1			57						
8		0		1			58						
9		0		1			59						
10		0		1			60						
11	/		/				61						
12	/	/	/	/			62						
13	/		/				63						
14		1		1			64						
15		1		1			65						
16		5		1			66						
17	/		/				67						
18	/		/				68						
19		3		1			69						
20		3		1			70						
21		1		1			71						
22		2		1			72						
23	/	2	/	1			73						
24	/		/	1			74						
25		0		1			75						
26		0		1			76						
27		0		1			77						
28		0		1			78						
29		0		1			79						
30		0		1			80						
31		0		1			81						
32	/		/	1			82						
33	/		/	1			83						
34	/		/	1			84						
35	/		/	1			85						
36	/		/	1			86						
37	/		/	1			87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	15		15				TOTAL IND.						
TOTAL DEP.	30	←	22	←		←		↓		↓		↓	
TOTAL CLAIMS	45		37				TOTAL DEP.						